Alliance for Health Steering Committee

October 29, 2014

AGENDA

- Presentation from the Latino Family Commission
- Alliance for Health Innovation Plan
  - SIM Model Test
- Implementation Work Groups
  - Structure and Process
- Illinois Medicaid Transformation
  - 1115 Waiver Application and Goals
- Resources and helpful links

ILLINOIS
Latino Family
COMMISSION

ALLIANCE FOR HEALTH STEERING COMMITTEE

Wednesday, October 29, 2014

ILLINOIS
Latino Family
COMMISSION

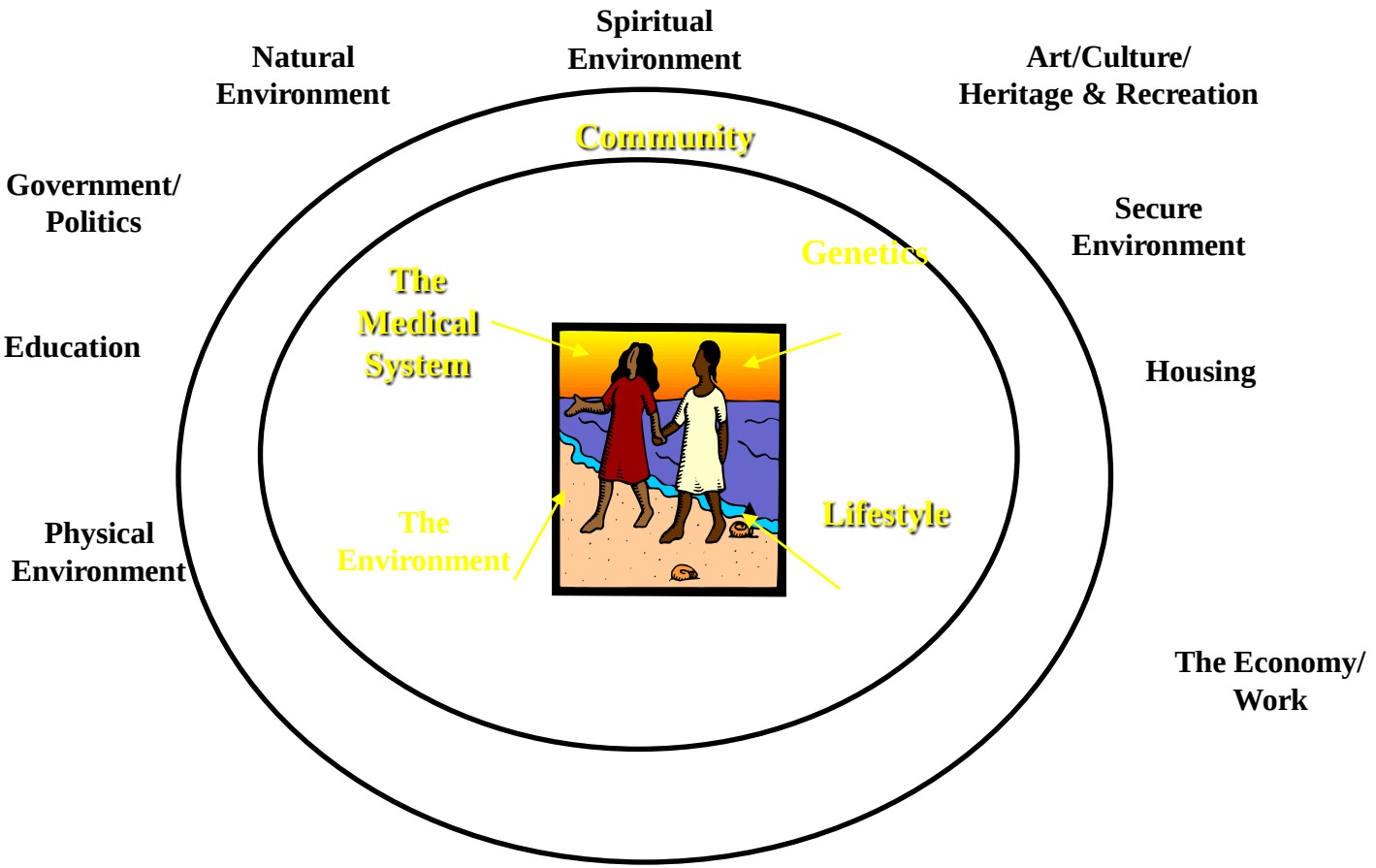
- The Illinois Latino Family Commission was established by statute to:
  - advise the Governor and the General Assembly,
  - to work with the state agencies,
  - and each of you here today to improve policies and expand opportunities for Latino families.

ILLINOIS Latino Family COMMISSION

Latino Community Profile

- Over 2 million residents - 16% of the population- in the state of Illinois are Latino
- Largest growing group in the state, grew by almost 500K from 2000 to 2010
- Over 80% of Latinos report speaking Spanish at home and over 40% report speaking English Less than “Very Well”
- Highest rate of uninsured – 27%
- Persistent Health Disparities

Community and Individual Factors Influencing Health (Brownson & Kruter, 1997)



MAKING A BUSINESS CASE

LATINO Community Based Organizations (CBOs)	Managed Care Organizations (MCOs)
• Critical to reaching community – established trust • Expertise in addressing social determinants of health • Not engaged in new healthcare /Medicaid marketplace • Willing to partner with MCOs, yet unaware of how to do it • Perception that MCOs only motivated by funding • Steep curve to becoming BEP certified	• Challenges in meeting BEP goals due to low number of BEP certified businesses providing relevant services • MCOs willing to partner with CBOs yet require mechanisms and incentives to effectively engage CBOs with specialization with the Latino community

MAKING A BUSINESS CASE

State of Illinois

- Wants to build on existing community based provider infrastructure
- Invested in reducing health disparities
- Committed to BEP procurement goals
- Required to meet Title VI - Civil Right/Meaningful Language Access

ILLINOIS Latino Family COMMISSION

Expected Outcomes

Expanded participation of Latino CBOs
Increased compliance with Title VI of the Civil Rights Act
Improved Health Outcomes
Decreased Health Disparities
Improved Efficiency
Lowered Healthcare Costs

ILLINOIS Latino Family COMMISSION

Comments

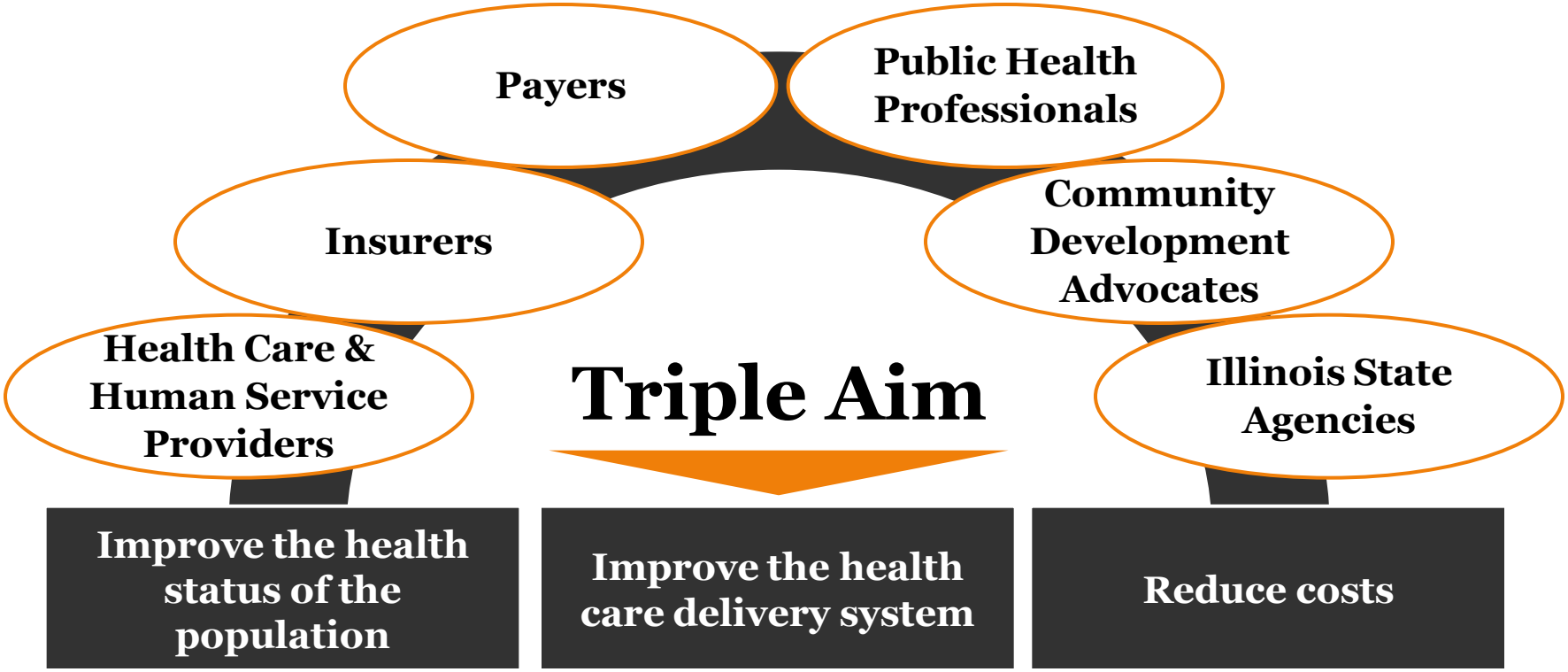
Q & A

Governor's Office of Health Innovation and Transformation (GOHIT)

- Leads Implementation of the Alliance for Health Innovation Plan
- Leads Implementation of the 1115 Waiver
- Manages 1115 Waiver and Innovation Plan Work Groups
- Provides technical assistance to ACEs and other Alliance participants
- Supports stakeholder engagement through monthly webinars, website content, Health Care Reform Implementation Council, and legislative briefings
- Supports legislative initiatives that advance the goals of the Innovation Plan
- Leads interagency housing coordination efforts and long-term services and supports reform

Alliance for Health

- With executive leadership from the Governor's Office, more than 90 stakeholders have allied to help Illinois achieve the "Triple Aim"



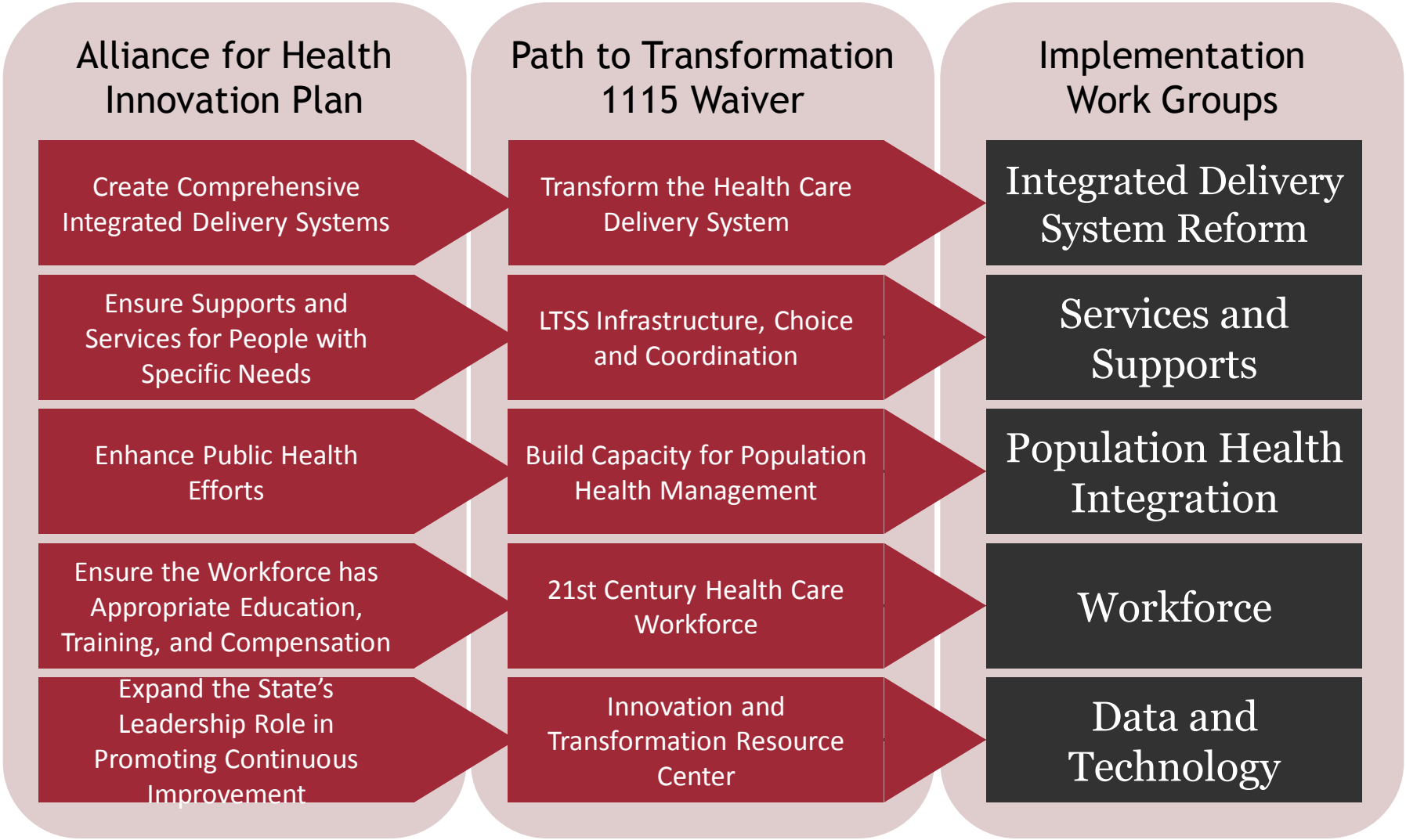
Round 2 - State Innovation Model (SIM) Test Grant

- Application submitted July 2014
- Presentation to CMMI – October 14, 2014
- Expected CMMI Announcement– Soon

Illinois SIM Test Model

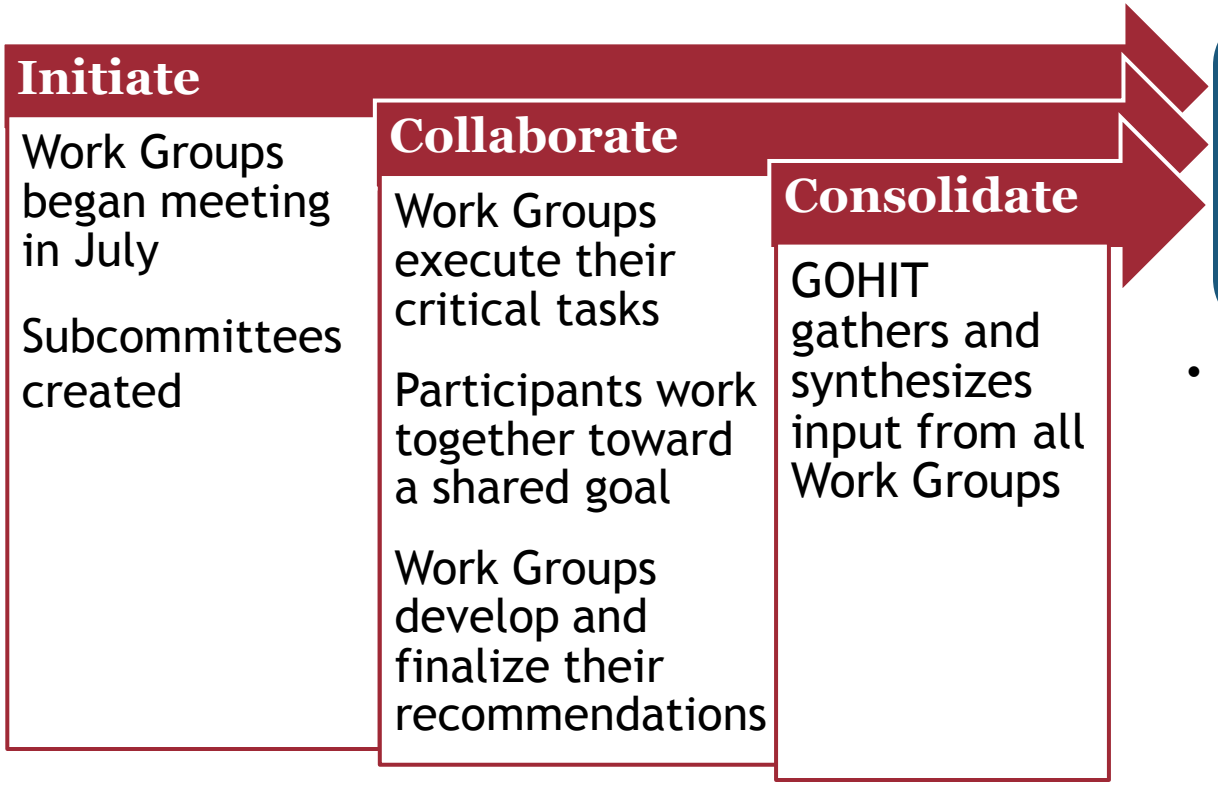
- Carries out strategies identified in Alliance Plan
- Includes 5 strategies:
  - Integrated Service Delivery (IDS) Pilots
  - Innovation and Transformation Resource Center (ITRC)
  - Plan for Population Health
  - Regional Health Improvement Collaboratives (RHIH - Regional Hubs)
  - Health Information Technology

Health Innovation and Transformation

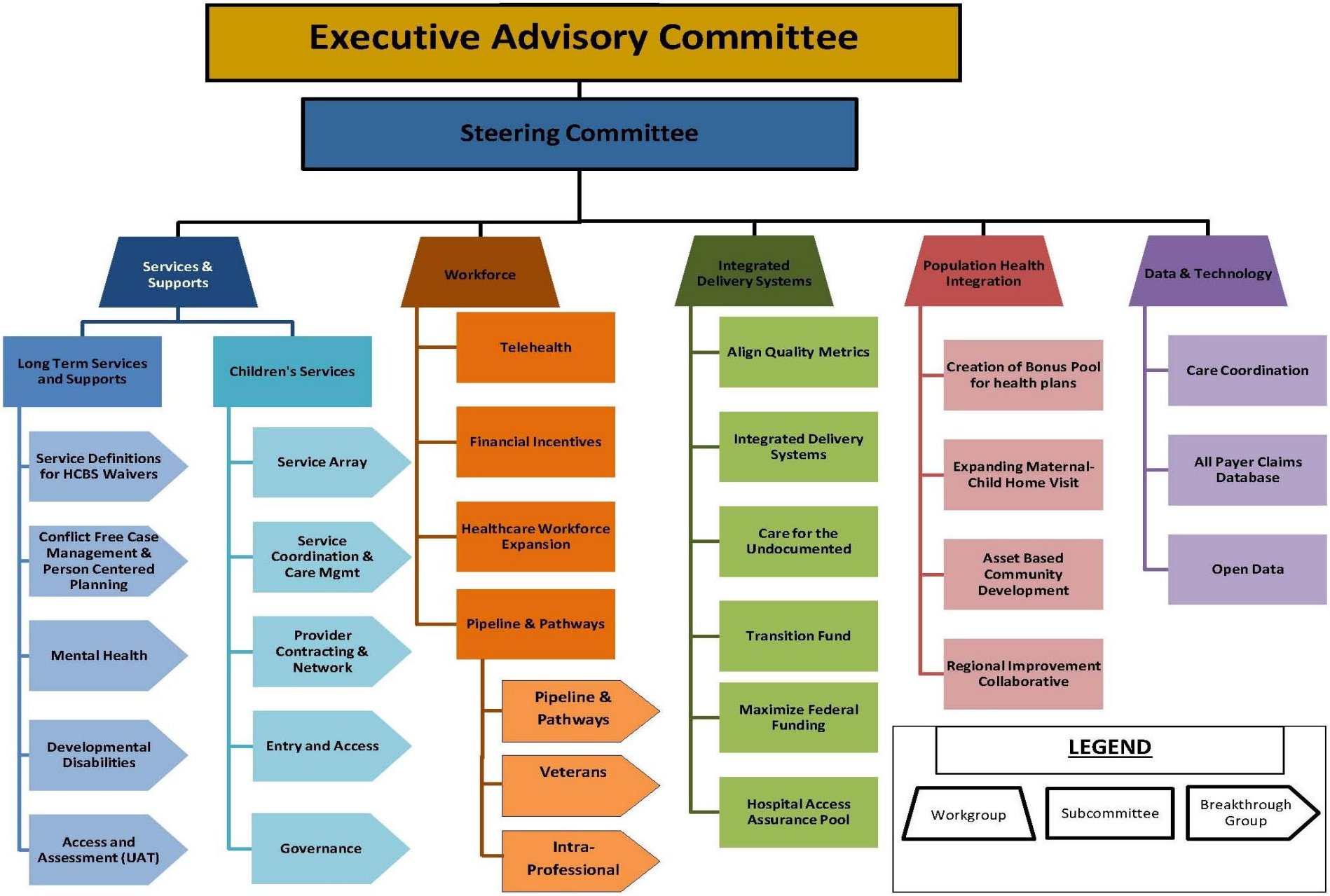


Implementation Work Groups

- The Implementation Work Groups are working toward a common goal, the development of a Strategic Implementation Plan



- This plan represents the culmination of all Work Group planning activities, and will include actionable steps for implementing all strategic recommendations.


Executive Advisory Committee
Steering Committee
Services & Supports
Long Term Services and Supports
Service Definitions for HCBS Waivers
Conflict Free Case Management & Person Centered Planning
Mental Health
Developmental Disabilities
Access and Assessment (UAT)
Children's Services
Service Array
Service Coordination & Care Mgmt
Provider Contracting & Network
Entry and Access
Governance
Workforce
Telehealth
Financial Incentives
Healthcare Workforce Expansion
Pipeline & Pathways
Pipeline & Pathways
Veterans
Intra-Professional
Integrated Delivery Systems
Align Quality Metrics
Integrated Delivery Systems
Care for the Undocumented
Transition Fund
Maximize Federal Funding
Hospital Access Assurance Pool
Population Health Integration
Creation of Bonus Pool for health plans
Expanding Maternal-Child Home Visit
Asset Based Community Development
Regional Improvement Collaborative
Data & Technology
Care Coordination
All Payer Claims Database
Open Data
LEGEND
Workgroup
Subcommittee
Breakthrough Group

Implementation Work Groups

Vision Statement

Providing an open and participatory process for policy makers and stakeholders to advise the state on how best to implement Alliance for Health and Section 1115 Waiver innovations to improve health, improve health care delivery, and lower costs.

Work groups will address issues of stakeholder concern fairly and deliberately, and leverage the work of existing advisory groups.

Leveraging Existing Initiatives

Delivery System Reform Work Group

- Medicaid Managed Care
- Medicaid/Medicare Alignment Initiative
- Older American Services Advisory Committee
- Health Facilities and Services Review Board
- Medicaid Advisory Committee

Workforce Work Group

- Illinois Workforce Investment Board
- Health Care Reform Implementation Council

Services and Supports Work Group

- Balancing Incentive Program
- Uniform Assessment Tool
- Long Term Care Council
- Current 1915(c) waivers
- Human Services Commission
- Mental Health Strategic Plan
- Council on Developmental Disabilities
- Social Services Advisory Committee

Data and Technology Work Group

- Integrated Eligibility System
- Uniform Assessment Tool
- Illinois Health Information Exchange
- Alliance Data Workgroup
- Illinois Framework

Population Health Integration Work Group

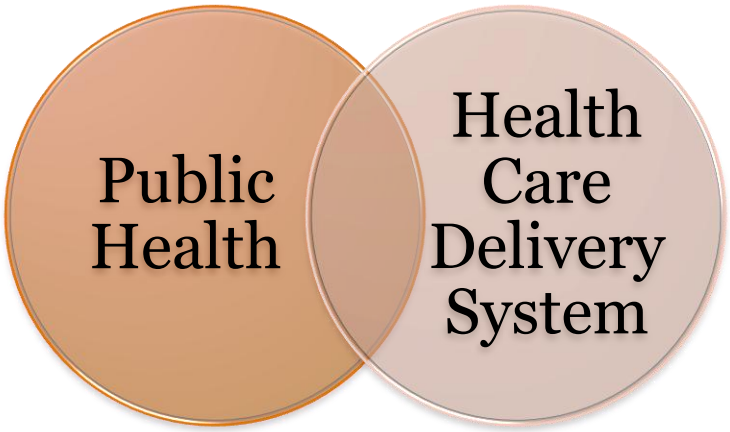
- State Health Improvement Plan Implementation and Coordination Council
- We Choose Health Community Transformation Grant
- Governor's Council on Health and Physical Fitness

Population Health Integration (PHI) Workgroup Presentation

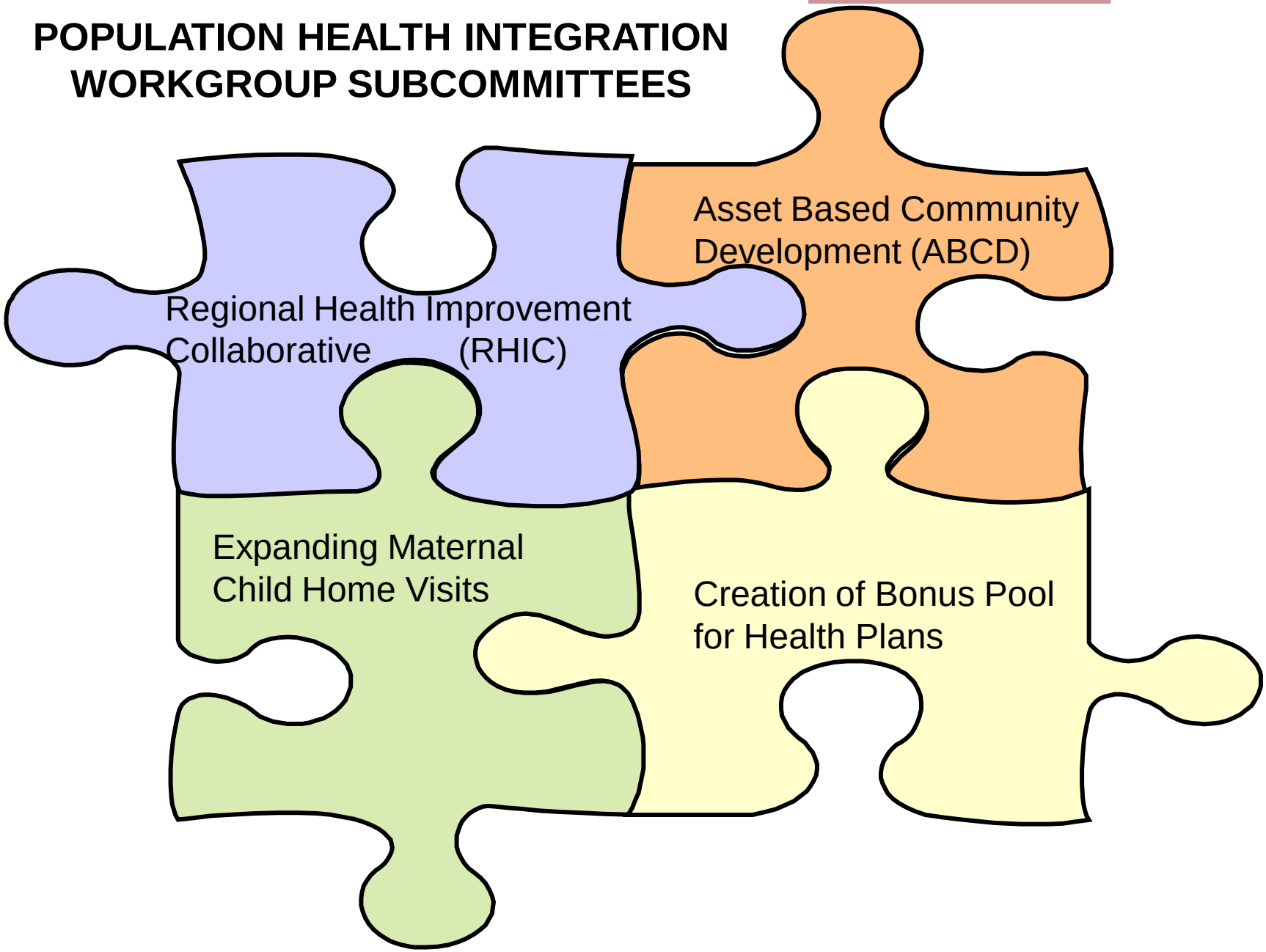
Dr. LaMar Hasbrouck, MD, MPH
Dr. Stephen Martin, PhD, MPH

PHI Workgroup Goals

- Ensure additional public health resources and improved integration to catalyze the efforts of isolated health systems and local communities.
- Enhance the ability of the health care system to engage in population management.
- Leverage public health resources and encourage linkages between public health and health care delivery systems.



POPULATION HEALTH INTEGRATION WORKGROUP SUBCOMMITTEES



Engagement Progress to Date

Outcomes	295 stakeholders
	155 organizations
	22 meetings; 33 hours
Surveys	68 responses to Stakeholders' Survey

Chairs & Support Staff

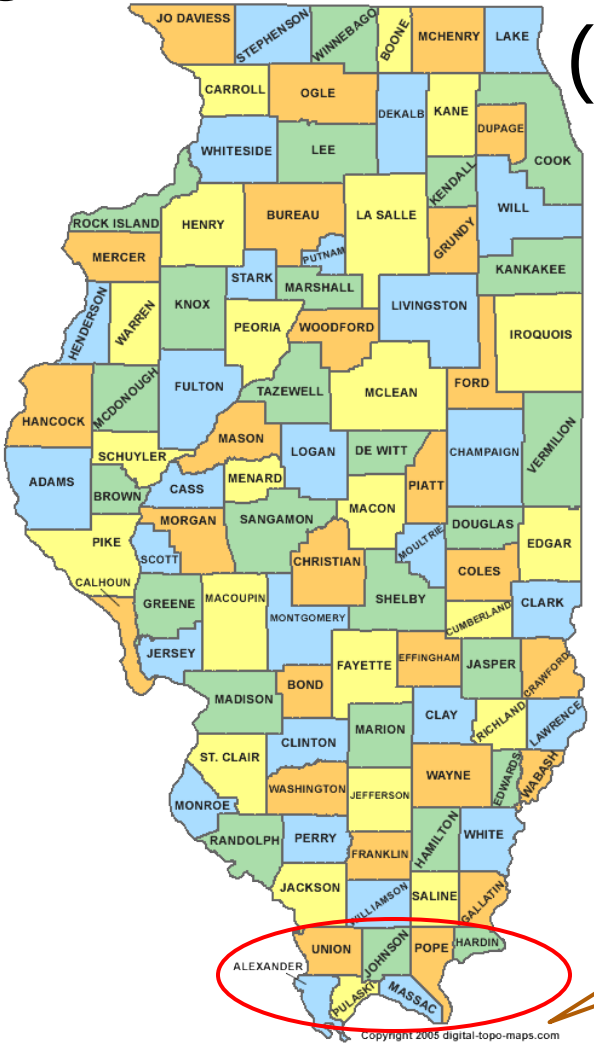
- **Erica Salem and Karen Ayala,** Regional Health Improvement Collaborative (RHIC) Subcommittee Chairs
- **Secretary Michelle Saddler and Yana Karnakov ,** Asset Based Community Development (ABCD) Subcommittee Co-Chairs
- **Dan Harris and Brenda Jones**, Expanding Maternal Child Home Visits Subcommittee Co-Chairs
- **Kathy Chan and Diane Montanez,** Creation of Bonus Pool for Health Plans Subcommittee Co-Chairs

- **Leticia Reyes-Nash**, IDPH, and **Noah Franklin,** Health & Medicine Policy Research Group, Workgroup Coordinators
- **Cristina Nevins**, IDPH, and **Sarah Sajewski**, Health & Medicine Policy Research Group, Support Staff

Regional Health Improvement Collaborative Subcommittee

- Regional Health Improvement Collaboratives (RHICs): require close collaboration of community stakeholders (e.g., local health departments, other community organizations, and employers) with health care delivery systems, health care providers, and health care payers (including the Illinois Medicaid program) to achieve shared goals.
- Examples:
  - Developing a coordinated system effort to prevent premature birth.
  - Asthma management and falls prevention for the seniors

Regional Health Improvement Collaborative (RHIC)



Example of IL RHIC

“Southern 7”

- 7 Public Health Departments
- 5 Community Health Clinics
- 13 Head Start Centers
- 3 Hospitals
- 3 Payers
- 10 Businesses/employers
- 4 Social Service agencies
- Others

Creation of Bonus Pool for Health Plans

- Goal: establish a “bonus pool” to provide incentives to plans to engage in population health interventions.
- Use funds to support the RHIC.
- Examples: One MCO wants to initiate an anti-smoking campaign in a public housing complex.
- Another MCO funds a farmer’s market for residents in a neighborhood to improve their health, diet and nutrition.

Asset Based Community Development (ABCD)

- Identify health care providers, behavioral health care, social services, public health services, schools, community leaders, and any other parties to do asset-mapping & plan evidence-based health promotion interventions.
- Examples:
  - Helping Chicago public school students by tapping into school assets for community building activities & health resources.
  - Improving health status of people living in South Side Chicago neighborhoods by mapping local health assets, identifying local health priorities, mobilizing local residents, and developing long-term strategic health improvement plans

Expanding Maternal Child Home Visits

Identified a need to clearly define home visiting for the purposes of the waiver.

Reviewed work already conducted on potential Medicaid funding of home visiting, including Ohio plan.

Examples:

- Supporting first-time mothers living in poverty by pairing with a registered nurse who provides home visits from early in pregnancy until the child's second birthday
- A doula program where a nonmedical person assists at-risk teen mothers before, during, or after childbirth by providing physical assistance, and emotional support

Next Steps

- Subcommittees:
  - Submit recommendations by November 14
- Stakeholders:
  - Provide feedback on recommendations by December 12th

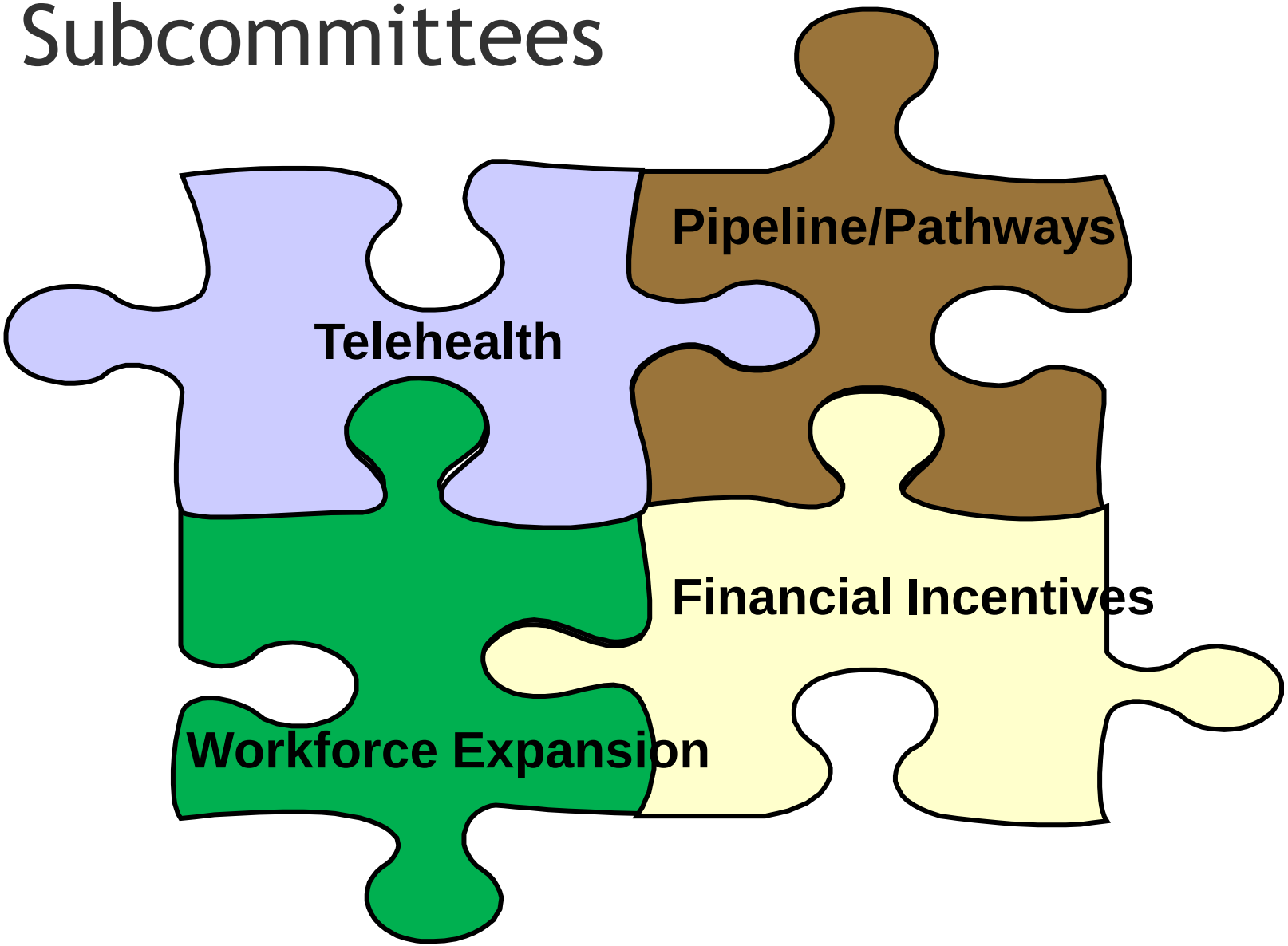
Workforce Workgroup Presentation

Dr. LaMar Hasbrouck MD, MPH
Dr. Michael Welch, M.B., Ch.B., F.R.C.P.

Workforce Workgroup Goals

- Building a 21st century health care workforce that is aligned with the needs of the Medicaid program.
- Addressing workforce shortages in high-need urban and rural areas.
- Creating a work force that is ready to practice in integrated, team-based settings.

Subcommittees



Stakeholder Engagement Progress to Date

208 Stakeholders

117 Organizations

17 Meetings Held

34 hrs of meetings

Chairs & Support Staff

- **Nancy Kaszak**, Telehealth Subcommittee Chair
- **Bill Dart and Kyle Hillman**, Financial Incentives Subcommittee Co-Chairs
- **Margie Schaps and Susan Swart**, Healthcare Workforce Expansion Subcommittee Co-Chairs
- **Thomas Miller**, Pipelines and Pathways Subcommittee Chair and Veterans Breakout Group Chair
- **Joel Rubin**, Inter-Professional Breakout Group Chair
- **Shelly Baldwin, Tiffany Hightower and Sharon Powell**, Pipeline and Pathways Breakout Groups Co-Chairs

- **Stephen Konya**, IDPH and **Noah Franklin,** Health & Medicine Policy Research Group, Workgroup Coordinators
- **Sarah Sajewski**, Health & Medicine Policy Research Group, Support Staff

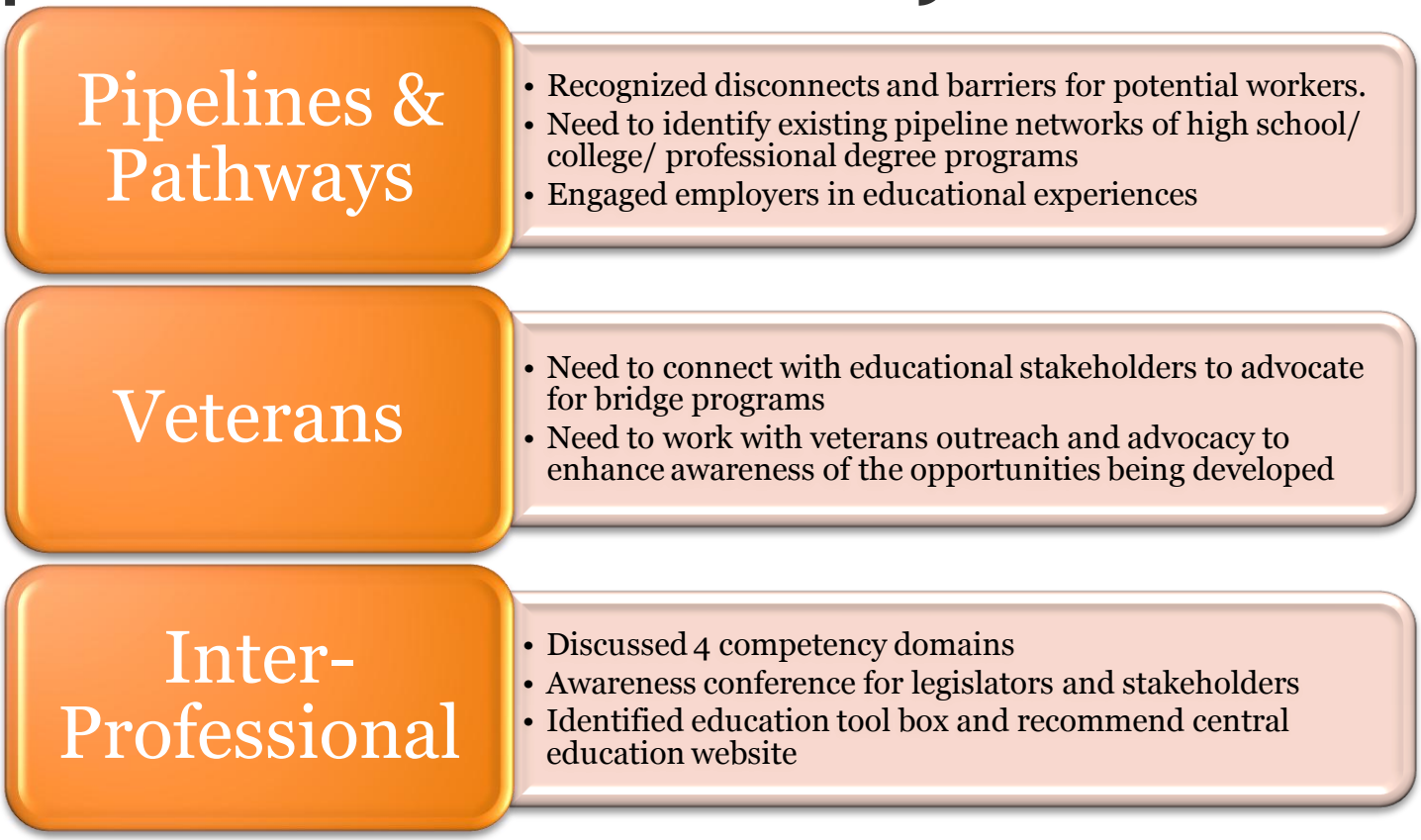
Telehealth

- Identified four platforms:

Recommendations:

- **Launching demonstration projects in telebehavioral health for students.**
- **Establishing consistency between the reimbursement requirements with telehealth services for various Illinois departments and federal agencies.**

Pipelines and Pathways



Recommendations:

- **Developing a bridge program in community colleges for veterans.**
- **Assisting former paramedics in the military to be trained and certified as licensed practicing nurses, and exploring other professional degree programs, such PA.**

Healthcare Workforce Expansion

Community Health Workers (CHWs)

- Discussed:
  - Certification
  - Background checks
  - Curriculum
  - Community Interaction

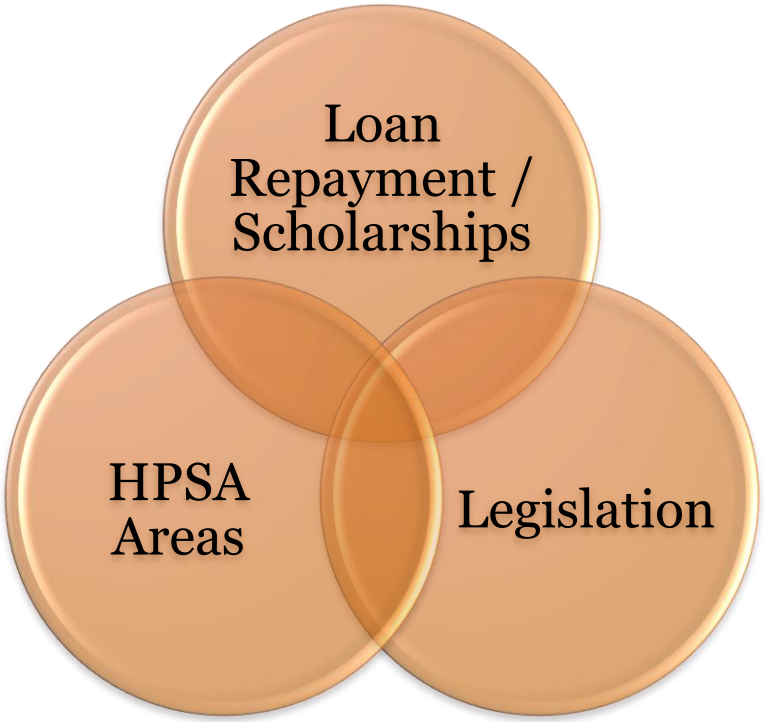
Scope of Practice

- Will identify guiding principles
- Use specific examples of issues to identify themes

Recommendations:

- **Ensuring CHWs have culturally, linguistically and ethnically appropriate curriculum for needs of people accessing services.**
- **Creating a CHW certification process allow for experience-based consideration to demonstrate core competency.**

Financial Incentives



- Discussed existing incentive programs
- Found that the state needs a more strategic approach towards incentivizing providers to work in Health Professional Shortage Areas (HPSAs)
- Found that current legislation fails to address the changing needs of the state

Recommendations:

- **Expanding loan repayment programs to include health/behavioral healthcare/public health workers.**
- **Shifting and consolidating many state operated scholarship and loan repayment programs to operate strictly as loan repayment**

Next Steps

- Subcommittees:
  - Draft recommendations due by November 14
- Stakeholders:
  - Provide feedback on recommendations by December 12th

Services and Support Work Group

Dr. Lorrie Rickman-Jones

Children's Services Subcommittee

- 200 stakeholders
- 31 meetings
- 52.5 hours of meetings

Children's Services: Governance Breakout Group

Recommendations

- Through legislation, create and implement a statewide governance structure to support transition to a System of Care Framework for the Children's Behavioral Health Service Delivery System.
- Create and implement a statewide marketing/communication plan to support transition to a System of Care Framework for the Children's Behavioral Health Service Delivery System. Target all families and stakeholders to facilitate access to the new system and to inform the public about the new services available.

Children's Services: Governance Breakout Group

Recommendations (cont.)

- Develop a procedure for universal consent and information sharing between agencies and team members in the System of Care process
- Establish and fund a statewide, university based, Center of Excellence to support a Children's Behavioral Health Service Delivery System based on a System of Care Framework.

Children's Services: Entry and Access Breakout Group

Recommendations

- Utilize the CANS (Child and Adolescent Needs and Strengths) as a universal assessment tool across the state for access to service packages beyond the "Open Access Package". The CANS assessment should be conducted using an algorithm to determine the intensity of need within the family that could then be tied to a service package.
- An "Open Access Package" should be developed allowing children, adolescents, and their families to receive a base level of service (minimum number of units) before a referral to an assessment is necessary.
- The Universal Assessment should be conducted as part of a mobile process allowing for the independent certified assessor to conduct the assessment in a location chosen by the family.

Children's Services: Entry and Access Breakout Group

Recommendations (cont.)

- Ensure recommendations that are provided by the Children's Services subcommittee are embedded within the states rule making structure assuring that:
  - Rule 132 is amended to allow for treatment to occur, if necessary, at the time of the Mental Health Assessment, and the Mental Health Assessment is streamlined and made specific for children, adolescents and families.

Children's Services: Entry and Access Breakout Group

Recommendations (cont.)

- The system of care will encourage child and family outreach and engagement efforts consistent with system of care values.
- During every well child visit per the Medicaid/HFS periodicity schedule, require approved providers to offer behavioral health screening using one of a menu of approved standardized behavioral health screening tools.

Children's Services: Provider Network Breakout Group

Recommendations

- The Provider Network should be opened to allow independent Licensed practitioners as Medicaid service providers.
- Each service within the System of Care should have defined standards of practice which include the use of Evidenced-Based & Evidence-Informed Practices by ensuring the use of qualified providers. Training and financial support should be developed to facilitate the implementation of Evidenced-Based Practices in the model and ensure ongoing provider quality assurance and quality improvement.

Children's Services: Provider Network Breakout Group

Recommendations (cont.)

- Building a robust network of community-based providers should be a higher priority than building additional out-of-home alternatives.
- There needs to be family and youth voice represented at both state and local levels

Children's Services: Service Coordination and Care Management Breakout Group

Recommendations

- Illinois should have statewide coverage for youth seeking publicly funded behavioral health services through a Care Management Entity (CME), consistent with Systems of Care, and these CME's should be aligned using a regional approach, with the ability to interface will all Illinois Medicaid platforms (FFS, Managed Care, Care Coordination, ACE's, etc.) and potentially other payers (public and private).
- CMEs should be the central intake point for youth requiring specialized behavioral health services that cannot be delivered in a primary care setting and should be developed using a "conflict-free" approach.

Children's Services: Service Coordination and Care Management Breakout Group

Recommendations (cont.)

- A region's CME should integrate Systems of Care principles, including Child and Family Teaming, Wraparound, and an Individual Plan of Care (IPoC).
- Illinois should adopt a CME's stratification model that allows care coordination to scale to the intensity of the needs presented by the youth and should build upon and be informed by a comprehensive fiscal plan related to Systems of Care.

Children's Services: Service Coordination and Care Management Breakout Group

Recommendations (cont.)

- A region's CME should be responsible for the organization and management of a Mobile Crisis Response (MCR) to ensure that the crisis response in a region is integrated into the CME and is fully informed of the region's resources and crisis supports for all youth seeking to utilize the publicly funding behavioral health system in response to crisis. The CME should be be responsible for the organization and management of a Mobile Assessment Team (MAT) to perform intake assessments and re-assessment for all youth in the CME.
- A region's CME should be required to establish feedback loops for consumers, stakeholders, family members, providers, and others, effectively creating a local locus of accountability. (Local Governance)

Children's Services: Service Array Breakout Group

Recommendations

- Develop a formal definition of Therapeutic Mentoring to include in the approved Medicaid Service Array.
- To add Psychiatric Residential Treatment Facilities (PRTF) to the approved Medicaid Service Array.
- Include a formal definition of Intensive In-Home Services in approved Medicaid Service Array.

Children's Services: Service Array Breakout Group

Recommendations (cont.)

- Develop a formal definition of Respite Services in to include in the statewide Service Array and determine available funding sources for reimbursement of Respite services
- Develop a formal definition of Family/Caregiver Peer Support and Youth Peer Support to include in the approved Medicaid Service Array
- Develop a formal definition of Family/Caregiver Support and Skills Development Services to include in the approved Medicaid Service Array.

LTSS Subcommittee

- 357 stakeholders
  - 190 Conflict-free Case Management / Person-centered Planning
  - 180 Service Definitions/ Provider Qualifications
  - 78 Access and Assessment (UAT)
- 10 meetings
- 20.5 meeting hours
- 4 surveys

LTSS:
Service Definitions & Provider Qualifications Breakthrough Group

Status update

- Gathered stakeholder input on:
  - Draft service groupings of 9 existing HCBS waivers
  - Draft service definitions and provider qualifications for 8 of the 21 services
- Activities by December:
  - Review draft service definitions and provider qualifications for remaining 13 services
  - Draft service definitions for self-directed services

LTSS:
Service Definitions & Provider Qualifications Breakthrough Group

Recommended Services (21):

- Residential Habilitation
- Assisted Living
- Supported Employment
- Day Habilitation
- Adult Day Services
- Adult Day Transportation
- Nursing
- Home Delivered Meals
- Home Health Aide
- Agency-based Homecare
- Training for Unpaid Caregiver
- Cognitive Rehabilitation Services
- Behavior Intervention and Treatment
- Counseling and Therapy
- Extended State Plan Physical Therapy
- Extended State Plan Speech Therapy
- Extended State Plan Occupational Therapy
- Self-directed Service Facilitation
- Assistive Technology, Equipment and Devices
- Home and/or Vehicle Accessibility Adaptations
- Non-medical Transportation

LTSS:
Service Definitions & Provider Qualifications Breakthrough Group

Services for which definitions and qualifications have been developed (8):

- Residential Habilitation
- Assisted Living
- Supported Employment
- Day Habilitation
- Adult Day Services
- Adult Day Transportation
- Nursing
- Home Delivered Meals

LTSS:
Service Definitions & Provider Qualifications Breakthrough Group

Recommendations and feedback *(in addition to set of integrated services and first 8 service definitions)*:

- Add person centered language to all service definitions.
- Decouple service from service delivery location.
- Allow for consumer choice and flexibility to individualize services to consumer needs.
- Address the need for new services; start with performing a gap analysis to identify the need for new services.
- Address rates, resources, budget allocations (especially for community supports) concurrently with service definitions.

LTSS:
Service Definitions & Provider Qualifications Breakthrough Group

Recommendations and feedback *(in addition to set of integrated services and first 8 service definitions)*:

- Ensure adequate training based on proposed provider qualification that considers professionalism and cultural competence.
- Policy development and rule-making should address both Medicaid and non-Medicaid funded services.
- Define the role of Managed Care and identify mechanisms for accountability.
- Promote and align service definitions with the Employment First initiative.

LTSS:
Conflict-free Case Management & Person-centered Planning Breakthrough Group

Status update

- Gathered stakeholder input on:
  - Draft BIP Conflict-free Case Management Protocol
  - Draft Consumer Bill of Rights
  - Draft Statement of Intent

Activities by December:

- Review draft key components of a person-centered thinking implementation strategy

LTSS:
Conflict-free Case Management & Person-centered Planning Breakthrough Group

BIP Conflict-free Case Management Mitigation Strategy

- Implementation of the Uniform Assessment Tool (UAT)
- Leveraging of current State oversight processes/policies
- New cross-agency administrative standardization policies:

1. **Uniform Consumer Bill of Rights**
2. **Grievances and appeals:** common method to inform consumers about how to file a grievance or request an appeal
3. **Core set of review elements** for state record reviews, building on existing review processes
4. **Standard survey questions** about consumer satisfaction for all LTSS populations
5. **Cross-agency written policy** that prohibits a person who (1) is related by blood/marriage to a consumer or his/her caregiver and/or or (2) acts as a guardian to a consumer from performing case management or evaluating a consumer's need for services
6. **Collect/analyze data on results of record reviews, complaints/grievances**, etc. across LTSS services

LTSS:
Conflict-free Case Management & Person-centered Planning Breakthrough Group

Draft Statement of Intent: Integration of Person Centered Approaches to Service Delivery and Planning

The State of Illinois believes that person-centered approaches belong at the core of all aspects of its human services delivery system… from the conceptualization and definition of the service through the development and implementation of an individualized person centered plan. The State is prepared to explore and adopt system reforms which will:

- ensure that services and supports are delivered within a person-centered framework;
- require that the service planning process is individualized and directed by the consumer, respecting their strengths, preferences, and choices;
- incent participation and integration within the community;
- maximize opportunities to achieve dreams, goals, and desires, and
- recognize and value cultural differences and diversities.

LTSS: Conflict-free Case Management & Person-centered Planning Breakthrough Group

Recommendations and feedback *(in addition to implementing Consumer Bill of Rights and Statement of Intent)*

- Take a phased-approach with Conflict-free Case Management compliance
  - Step 1: BIP implementation
  - Step 2: CMS HCBS regulations
- Operationalize the Consumer Bill of Rights and the Statement of Intent by (1) including in contract language for accountable care plans and providers and (2) develop a plan for distribution to consumers.
- Create a mechanism for compliance and enforcement of the Consumer Bill of Rights and the Statement of Intent.

LTSS: Conflict-free Case Management & Person-centered Planning Breakthrough Group

Recommendations and feedback *(in addition to implementing Consumer Bill of Rights and Statement of Intent)*

- Provide resources and supports sufficient to implement and maintain the person-centered planning model.
- Develop, implement, and evaluate training on CFCM and PCP to all stakeholders (consumers, natural supports, providers, plans and payers).
- Identify gaps and barriers to person-centered planning implementation among providers.
- Require standardization across all service providers and payers for person-centered planning and conflict-free case management.

LTSS: Access and Assessment (UAT) Breakthrough Group

Status update

- UAT vendor selected: FEi
- Internal planning meeting: Monday, October 6
- Vendor develop statement of work: early November
- Breakthrough group kick-off: late November/early December

Services & Supports: Developmental Disabilities Subcommittee

Status update

- 58 stakeholders
- Kickoff meeting held Tuesday, October 21
- Co-chairs:
  - Mark Doyle, Governor's Office – Transition of Care Project Manager
  - Director Kevin Casey, DHS - Division of Developmental Disabilities

Services & Supports: Behavioral Health Subcommittee

Status update

- 71 stakeholders
- First meeting: week of November 3
- Co-chairs:
  - Lee Ann Reinert, DHS - Division of Mental Health
  - Director Theodora Binion, DHS – Division of Alcoholism and Substance Abuse

Overlap and alignment with other Work Groups

- Quality Metrics Subcommittee
  - LTSS presentations: October 20 and October 31
- Care Coordination Subcommittee
  - Person-centered Planning component of Portable Care Plan
  - UAT data for common care platform

Integrated Delivery System Reform (IDSR) Work Group

Recommendations Update

IDSR Work Group Progress

The IDSR Work Group will develop recommendations to:

Align Quality Metrics

- For Medicaid and commercial plans so all patients receive consistently high quality care.

Define Integrated Delivery Systems

- Establish criteria for integrated delivery to transform the health care practice into a financially viable, high performing system.

Care for the Undocumented

- Improve the overall health of and health care coverage for the undocumented immigrants.

What is an integrated delivery system?

- Provider groups that can contract with health plans, including Medicaid plans, Medicare Advantage plans, commercial plans or the state.
- Integrated delivery systems are not health insurers, though they can share risk in financial arrangements with insurers or the State.
- Implementation of integrated delivery systems moves from fee-for-service to outcome-based payments.

IDS Subcommittee

- Developed consensus on criteria for integrated delivery system pilots
- Developed consensus on criteria for health plan participation in integrated delivery system pilots
- Evaluating ways Regional Health Improvement Collaboratives should be connected to IDS pilot sites

Integrated Delivery System Pilot Criteria

Organization/Governance	Health homes
Integrated care model	Member-centric
Cultural and linguistically competent	Connectivity
Continuous Quality Improvement and best practice development	Financial plan
Multi-payer contracts with outcomes-based payments for a significant portion of provider's panels	Provider incentives

More information on criteria available here.

IDS – Regional Health Improvement Collaborative Alignment

- Evaluating ways Regional Health Improvement Collaboratives should be connected to IDS pilot sites for overlapping geographic areas
- Regional Health Improvement Collaboratives functions:
  - Align current planning efforts in the region
  - Identify target health priorities that address population and public health needs and ensure health equity
  - Select evidence-based clinical and community interventions to address health priorities
  - Align community resources and assets; and
  - Implement interventions
  - Evaluate effectiveness of interventions

IDS – Care Coordination Alignment

- Leverage the Care Coordination Subcommittee to discuss:
  - What data can be provided to IDS?
  - What technology needs will IDS have?
- Leverage the IDS Subcommittee to discuss:
  - The portable care plan, its three components and the associated data elements that together constitute a set of recommendations regarding requirements that will have to be met by applicants for the IDS model test sites.

Additional IDS Subcommittee Work Plan Topics

- Use of community-wide Asset Based Community Development (ABCD) intervention by IDS pilots
- Designing IDS pilots that address populations with specific needs
- Designing IDS pilots that create new health care work roles
- Structuring the Innovation Transformation Resource Center to support IDS pilot planning and implementation

Quality Metrics Subcommittee

Derek Robinson MD, MBA, FACEP
Executive Director, IL Hospital Association (IHA),
The Institute for Innovations in Care and Quality

Context for Quality Metrics Subcommittee

Quality Measures can be used for a variety of purposes.

Overall Charge:

- Development of Quality Metrics for Integrated Delivery System

Progress to Date

Engagement	136 Stakeholders
	85 Organizations
	5 Meetings Held
Surveys	54 responses to 1st Survey
	90 responses to 2nd Survey

Key Advisers & Support Staff

Advisers

- Michael Gelder, Executive Director, GOHIT
- Art Jones, MD, Principal, Health Management Associates

Support Staff

- Noah Franklin, Work Group Coordinator, Health & Medicine Policy Research Group
- Barbara McDermott, Senior Consultant, CSG Government Solutions
- Renee DuBois, Center for Long Term Care Intern, Health & Medicine Policy Research Group
- Alex Martell, Intern, GOHIT

On-Going Quality Metrics Work in Illinois

- HFS has an obligation to roll out managed care programs and is embarking on development of QMs for ongoing managed care contracts.

- This Subcommittee conversation can add to HFS's work and HFS will incorporate when practicable what we recommend.

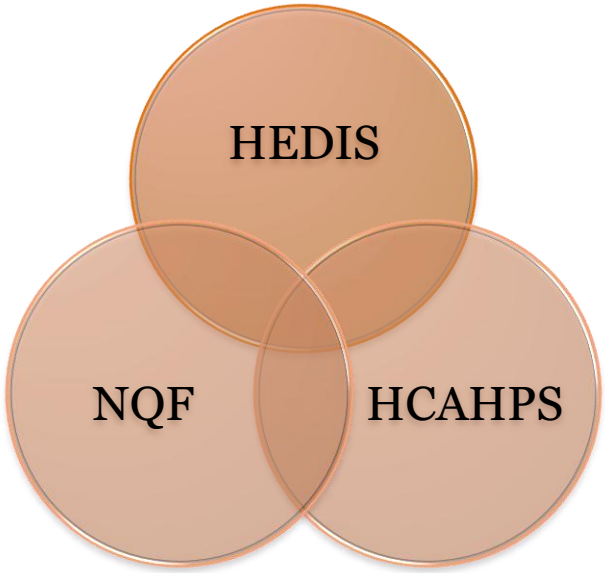
Crosscutting Quality Metrics with GOHIT Work Groups

- Horizontally integrated IDS to incorporate social services.
- For those concerned about behavioral health metrics, we have also discussed them in this context too.
- Examine LTSS and address the quality metrics that would be associated with the definitions of LTSS, and the development of non-clinical quality metrics.

Aligning with National Metrics

We have been researching:

- Established quality measures suggested by HEDIS, NQF, and HCAHPS
- Peer-reviewed journals for innovative measures, particularly regarding behavioral health measurement



Created comprehensive list of potential quality measures and identified principal themes to develop a quality measures matrix.

Quality Metrics Framework for IDS

Subcommittee recommendations for a framework of quality measures for IDS pilots:

- **Broad measures for all populations, narrow measures for specific populations.**
- **Standardized and tied to financial incentives.**
- **Aligned for similar populations and measured uniformly.**
- **Address social determinants of health, including access and equity.**
- **Focus on prevention and post-diagnosis treatment services.**
- **Consistent with national standards, innovative to Illinois' needs.**
- **Actionable and relevant to enrollees.**

Care for the Undocumented Subcommittee

- Objective: develop a set of recommendations regarding potential strategies to improve the overall health of and health care coverage for the undocumented immigrants.
- Had a level-setting meeting in October and expect to hold monthly meetings

Additional Subcommittees

- Maximize Federal Funding
  - Identify the best option to maximize federal reimbursement based on the recommended service delivery, payment reforms, and quality criteria.
- Transition Fund
  - The fund is proposed in the 1115 Waiver to provide supports and incentives for institutional providers to reduce excess capacity or convert facilities to currently needed uses.

Additional Subcommittee

- Community-based Capacity Development
  - IDS allows us to hold providers accountable for the health of their entire panel of patients.
  - Incentivizes them to attend to the social determinants of health, adequate food, exercise, housing, safety, education, etc.
  - Their payments, and profits, will depend on meeting quality outcome measures.
  - They will need human service providers to assist with the many social service supports

Data and Technology Workgroup

Mary McGinnis
Chair
Pat Merryweather
Co-Chair

Data and Technology Work Group

- 238 stakeholders
  - 61 Care Coordination
  - 60 Open Data
  - 63 All-Payer Claims Database (APCD)
- 11 meetings
- 19.5 meeting hours
- 1 survey

Care Coordination Subcommittee

Status update

- Guiding Question: What will truly be innovative and transformational for Care Plans that engage providers and patients/members alike and change healthcare delivery and outcomes?
- Gathered stakeholder input on:
  - Functional end users of the Portable Care Plan
  - Data elements for Portable Care Plan
    - Cannot depend exclusively on EHR data elements
    - Phased approach: simple, then more advanced
    - Actionable care plan, not full historical record
    - Leverage existing systems where possible

Care Coordination Subcommittee

Recommendations

- Priority functional end users include:
  - Consumer and decision-making team
  - Health care and human services direct care providers
  - Care coordinators and case managers
- Components of Portable Care Plan:
  - Health care data
  - Person-centered Planning Care Team
  - Clinical, behavioral and social goals

Care Coordination Subcommittee

- Activities between now and December:
  - Finalize Portable Care Plan recommendations with IDS stakeholders
  - Draft recommendations for functionality and technical requirements for Common Care Platform

Open Data Subcommittee

Status update

- Develop recommendations to build out Illinois Open Data Portal
- Portal is designed to increase access to public data and data used in the operations of government
- Data is available in the following categories:
  Health, Housing, Medicaid, Public Health and Municipality
- Prioritizing additions and enhancements to the IL Open Data Platform
- In the process of identifying best practices and additional opportunities, including public feedback mechanisms

APCD Subcommittee

Status update

- Met on October 7, with 25 participants
- Dr. Bruce Wellman, member of ILHIE Authority Board, has agreed to serve as Co-chair
- Guest speaker David Newman, Executive Director of the Health Care Cost Institute (HCCI), explored with the Committee recent APCD developments, and the prospects for the State taking advantage of the HCCI resources
- Good stakeholder feedback, but work of the Committee is still in initial stage, and partially influenced by pending Illinois legislative developments

Overlap and alignment with other Work Groups

- IDS Subcommittee
  - Care Coordination presentation of Portable Care Plan: October 28
- LTSS Subcommittee
  - Person-centered Planning component of Portable Care Plan
  - UAT data for common care platform

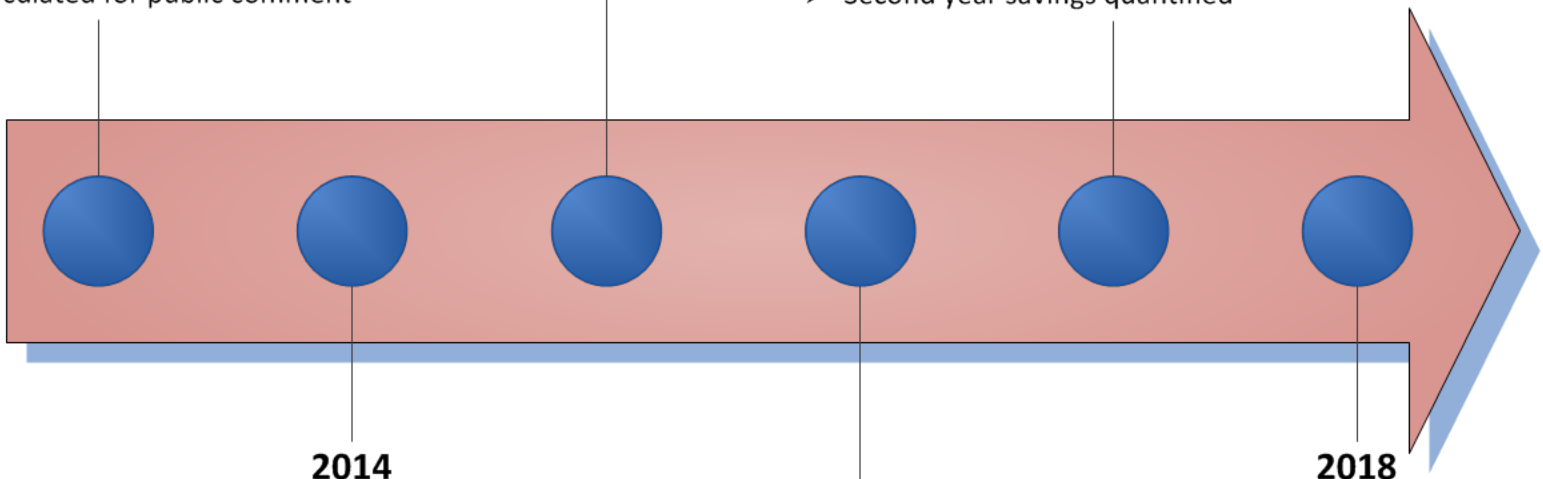
Medicaid 1115 Waiver

- Submitted to federal government in July 2014
- Currently negotiating bi-weekly with CMS
  - Topics discussed include:
    - 1115 Waiver vs. State Plan amendment authority
    - CNOM worksheets
    - Budget neutrality

Waiver Goals

- Leverage additional federal funding to support and build upon previous reform efforts & Alliance for Health recommendations
- Transform health care delivery system to support coordinated, patient-centered care model
- Make targeted investments in services that have been shown to improve consumer outcomes or reduce health costs
- Reduce the rate of cost growth in the Medicaid program for both the state and federal government compared to the rate of growth in the absence of the waiver.

Implementation Timeline



2013
- Design and development of Innovation Plan
- Draft Plan circulated for public comment

2014
- Innovation Plan released
- 1115 waiver application submitted
- Apply for CMMI Model Test Grant funding
- Establish ITRC

2015
- Select pilot participants
- Establish All Payer Claims Database
- Build out ITRC; data and tech assistance
- Establish RHICs

2016
- Monitor pilot programs
- Analyze and evaluate programs
- Analyze best practices to foster continuous learning environment
- First year savings quantified

2017
- Diffuse successful pilot components to other geographies, populations and systems
- Second year savings quantified

2018
- Full participation across markets
- Program evaluation
- Third year savings quantified

Next Steps

- Continue public outreach through Regional Health Summits being held in partnership with the Department of Public Health
- Work groups' recommendations submitted to GOHIT by the end of the year
- Updates on the negotiations with CMS on the 1115 Waiver will be provided on the website

Questions/Discussion

- Questions? Email: GOV.gohit@illinois.gov
- Workgroup meeting materials are posted here: http://www2.illinois.gov/gov/healthcarereform/Pages/GOHIT.aspx
- Governor's Office Health Reform www.healthcarereform.illinois.gov
- 1115 Waiver http://www2.illinois.gov/gov/healthcarereform/Pages/1115Waiver.aspx